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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 580104**

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90089 014 \*\*\*150.00

1. Corporation SEMICOL	NDUCTOR TECHNOLOGY, II	NC.						
Principal Place	e of Business *	Mailing Address			I I I I I I I I I I I I I I I I I I I	0(\$)( E!\$() B B(( )		
3131 SOUTH EAST JAY STREET 3131 SOUTH EAST JAY STREE								
STUART FL 34997-5964 STUART FL 34997-5964					DO NOT WRITE IN THI	S SPACE		
			,		3. Date Incorporated or Qualifed			
					07/25/1978		i	٠, ر
2. Principal Pl	lace of Business	2a. Mailing Address	,		4. FEI Number	Ар	plied For	
21		26			11-2236783	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27				Fee Re		
City & State	е	City & State			6. Election Campaign Financing	\$5.00		
23		28	C		Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Coun	uy	This corporation owes the current year land Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current	29	30		10. Name and Address of New Registered			
2-3	5. Name and Address of Current	Treflatered Affort		B1 Name				
SEIG	Gel., Fred G.	•	Ļ	20 00 -1 4 1	(D.O. Day Nambor in Not Acceptable)			
3131	SOUTH EAST JAY STREET			Street Add	Iress (P.O. Box Number is Not Acceptable)			
STU	ART FL 34997		-	B3				
			_	74 00		85 Žip (	Code	
			- 1	B4 City	. <b>F</b> Ι			
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	and 607.1508, Florida Statut of Florida. Such change was a ions of, Section 607.0505, Flo	es, the ab uthorized rida Statu	ove-named corporations.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its pintment as re	registered gistered	
								\
SIGNATURE	Signature, typed or printed name of registered agent			gent signature requir	red when reinstating) DATE			ω α
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE				ND DIRECTO	DRS IN 12	1/98)
	OFFICERS AND	and title if applicable. (NOTE	: Registered A	gent signature requir	red when reinstating) DATE			(11/98)
12.	OFFICERS AND DV AIVAZIAN, DIRAN G	and title if applicable. (NOTE	13. 1.1 TITL	gent signature requir	red when reinstating) DATE	ND DIRECTO	DRS IN 12	٦
12. πιε	OFFICERS AND DV AIVAZIAN, DIRAN G 3131 S E JAY STREET	and title if applicable. (NOTE	13. 1.1 TITL 1.2 NAM	gent signature requir  E  KE  EET ADORESS	red when reinstating) DATE	ND DIRECTO	DRS IN 12	٦
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DV AIVAZIAN, DIRAN G 3131 S E JAY STREET STUART, FL 00000	and title if applicable. (NOTE  D DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	gent signature requir  E  KE  EET ADORESS  (-ST-ZIP	red when reinstating) DATE	ND DIRECTO	DRS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DV AIVAZIAN, DIRAN G 3131 S E JAY STREET STUART, FL 00000 PD	and title if applicable. (NOTE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITU	E KE EET ADORESS (/-ST-ZIP	red when reinstating) DATE	ND DIRECTO	DRS IN 12	٦
12.  ITILE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME	OFFICERS AND DV AIVAZIAN, DIRAN G 3131 S E JAY STREET STUART, FL 00000 PD SEIGEL, FRED G	and title if applicable. (NOTE  D DIRECTORS  DELETE	13. 1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM	egent signature requir	red when reinstating) DATE	ND DIRECTO	DRS IN 12	٦
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 561-283-4500 Date Phone #